

Name of agency personnel who prepared this claim

Name:
Phone:
219-555-5555

INSTRUCTIONS: This agency is requesting disclosure of y VENDOR INFORMATION					AGENCY INFORMATION				
Document Number Assigned by IDWD			Date (month, day, yes 9/8/05	ar)	Name of agency Indiana Department of Workforce Development				
Name of vendor Post Tribune Address (Number, Street) 7828 North Post Road					Agency Number 510 Social Security Number			1099 CODE	
									Federal I.D. Number Vendor Number
						nd ZIP Code (0000) diana 47528		Vendor Number	
J,			AREA BEL	OW TO BE C	OMPLETED BY AC	SENCY	<i>'</i> .		
DATE	AMOUNT	FUND	OBJECT	CENTER	LOAN / INV / NBR			DESCRIPTION	
9 18	\$5,000.00	6710		151000				Advertisement	
								2 Quarter Page Ads	
								8-10-05 = \$2500	
								8-15-05 = \$2500	
++									
+							-		
+									
								BR06-26	
								Your Cost Center:	
								Project/function: 8720/572	
GROSS AMOUNT \$ 5000.00					Furnished to: (Name of State Agency) Indiana Department of Workforce Development PO Box 1840, Gary, Indiana 46409				
			and is a proper charge	against the State	Agency, Fund and Ce		cated.		
	Signature of State Ag		Date (month, day, ye	Date (month, day, year)					
	d by IDWD the provisions and po	enalties of	Indiana Code 5-11-10	-1, I hereby certi	fy that the foregoing Fu	nd and	Center is	just and correct, that the amount claime	
gally due,	after allowing just cre	edits, and t	that no part of the sam	e has been paid.				, san and annount danne	
nature of \	endor				Date (month, day, year)				